



HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM WORKSHOP APPLICATION

PLEASE MARK THE TRAINING YOU WISH TO ATTEND:

☐ Jan. 26-27, 2005 - Martha Washington Inn - Abingdon

☐ Feb. 15-16, 2005 - Omni Hotel - Newport News

PLEASE COMPLETE THE INFORMATION BELOW

NAME:

SOCIAL SECURITY NUMBER:

TITLE/CITY OR COUNTY:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

JOB CODE:

☐ State Government

☐ City/County Administration

☐ Emergency Management

☐ Fire

☐ Police

☐ Public Information

☐ Public Works

☐ Rescue/EMS

☐ Social Services

☐ Other: _____

SIGNATURE OF APPLICANT

DATE

GENERAL APPLICATION INFORMATION

Please read the course training announcement for which this application applies regarding details pertaining to the course on reimbursement, hotel accommodations, and application deadline.

There are no registration or course fees associated with Emergency Management training sessions.

OVERNIGHT ACCOMMODATIONS:

VDEM will NOT be responsible for lodging cost unless otherwise indicated in the course training announcement. The training announcement will generally list the hotels/motels near the course site. For further information, the applicant must contact the facilities directly to obtain rates and availability. VDEM is NOT RESPONSIBLE for securing hotel rooms or guaranteeing the state government hotel rate.

If the course training announcement has specifically indicated hotel direct billing, please complete the below information for overnight accommodations:

	Monday	Tuesday	Wednesday	Thursday	Friday
DATE (S)					

SPECIAL NOTES OR REQUESTS FOR DISABILITY ARRANGEMENTS:

Individuals with a disability, as defined in the Americans with Disabilities Act of 1990, desiring to attend this session should contact VDEM ten (10) days prior to the event so as to ensure appropriate accommodations are provided.

COMPLETE AND RETURN THIS APPLICATION BY THE DEADLINE SHOWN ON THE TRAINING ANNOUNCEMENT TO:

**Virginia Department of Emergency Management
ATTN: Training and Resource Branch
10501 Trade Court
Richmond, Virginia 23236-3713**

Tel: (804) 897-6500, Ext. 6557 ● Fax: (804) 897-6556

🔗 REGISTER ONLINE AT www.vdem.state.va.us 🔗